

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10540242  
ATTORNEY

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3		✓				
4		✓				
5		✓				
6		✓				
7	✓					
8		✓				
9		✓				
10	✓	✓				
11		✓				
12		✓				
13		✓				
14		✓				
15		✓				
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18	✓	✓				
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45		✓				
46		✓				
47		✓				
48		✓				
49		✓				
50		✓				
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	19	←		←		←
TOTAL CLAIMS	23					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						